

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF

In re Nicholas V. Campanella  
Debtor

Case No. 16-21185-VFP  
Reporting Period: October, 2016

Social Security # xxx-xx-1243  
(last 4 digits only)

**MONTHLY OPERATING REPORT  
(INDIVIDUAL WAGE EARNERS)**

File with the Court and submit a copy to the United States Trustee within 20 days after the end of the month and submit a copy of the report to any official committee appointed in the case.  
(Reports for Rochester and Buffalo Divisions of Western District of New York are due 15 days after the end of the month, as are the reports for Southern District of New York.)

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached
Schedule of Cash Receipts and Disbursements	MOR-1 (INDV)	Yes	No
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1 (CONT)	Yes	Yes
Copies of bank statements		Yes	Yes
Disbursement Journal	MOR-2 (INDV)	Yes	No
Balance Sheet	MOR-3 (INDV)	No	No
Copies of tax returns filed during reporting period		No	No
Summary of Unpaid Post-petition Debts	MOR-4 (INDV)	Yes	No
Status of Secured Notes, Leases, Installment Payments	MOR-5 (INDV)	No	No
Debtor Questionnaire	MOR-6 (INDV)	Yes	No

I declare under penalty of perjury (28 U.S.C. Section 1746) that the documents attached to this report are true and correct to the best of my knowledge and belief.

Signature of Debtor



Date

6/19/17

Signature of Joint Debtor

Date

In re Nicholas V. Campanella

Case No. 16-21185-VFP

Debtor

Reporting Period: **xxx-xx-1243**

**INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS**

(This Form must be submitted for each bank account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	Current Month Actual	Cumulative Through Date Actual
<b>Cash - Beginning of Month</b>	\$ 158,992.65	
<b>RECEIPTS</b>		
Wages (Net)	\$ 11,531.72	\$48,761.74
Interest and Dividend Income	5.51	\$20.54
Alimony and Child Support		
Social Security and Pension Income		
Sale of Assets		
Other Income ( <i>attach schedule</i> )	\$43,564.61	\$226,733.71
<b>Total Receipts</b>	\$ 55,101.84	\$275,515.99
<b>DISBURSEMENTS</b>		
<b>ORDINARY ITEMS</b>		
Mortgage Payment(s)	\$7,437.69	\$29,750.76
Rental Payment(s)	\$200.00	\$800.00
Other Secured Note Payments	\$588.80	\$3,018.61
Utilities	\$626.57	\$4,100.08
Insurance		
Auto Expense		\$48.00
Lease Payments		
IRA Contributions		
Repairs and Maintenance		\$146.53
Medical Expenses		\$104.80
Food, Clothing, Hygiene	\$1,921.13	\$6,115.88
Charitable Contributions		\$15.00
Alimony and Child Support Payments		
Taxes - Real Estate	\$3,915.94	\$7,876.87
Taxes - Personal Property		
Taxes - Other ( <i>attach schedule</i> )		\$80,000.00
Travel and Entertainment	\$862.22	\$2,328.99
Gifts	\$310.00	\$12,010.00
Other ( <i>attach schedule</i> )	\$40,686.65	\$42,622.60
<b>Total Ordinary Disbursements</b>	\$56,549.00	\$188,938.12
<b>REORGANIZATION ITEMS</b>		
Professional Fees		
U. S. Trustee Fees		
Other Reorganization Expenses ( <i>attach schedule</i> )		
<b>Total Reorganization Items</b>		
<b>Total Disbursements (Ordinary + Reorganization)</b>	\$ 56,549.00	\$188,938.12
<b>Net Cash Flow (Total Receipts - Total Disbursements)</b>	(1,447.16)	\$86,577.87

In re Nicholas V. Campanella

Case No. 16-21185-VFP

Debtor	Reporting Period: xxx-xx-1243
Cash - End of Month (Must equal reconciled bank statement)	\$ 157,545.49

**INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS**  
(continuation sheet)

BREAKDOWN OF "OTHER" CATEGORY	Current Month Actual	Cumulative Filing to Date Actual
<b>Other Income</b>		
Legal order reversal		\$274.28
Legal order reversal		\$125.00
Bank transfer to close previous account		\$350.00
Medical Insurance Refund		\$153.77
Credit Card Activity		\$2,679.69
Rent belonging to MCN Properties - deposited by mistake		\$39,781.09
Phoenix Medical Director Fees for Dr. Campanella	\$1,900.47	\$44,655.74
Distribution from Montclair Physicians Group, LLC		\$97,050.00
Distribution from Affiliates	\$41,664.14	\$41,664.14
<b>Other Taxes</b>		
<b>Other Ordinary Disbursements</b>		
Gina Campanella - reimbursement of expenses		\$150.00
Gina Campanella - reimbursement of expenses		\$320.00
Credit Cards Payable	\$333.22	\$1,798.87
Repairs & Maintenance	\$353.43	\$353.43
Family Contribution to Gina from Marie	\$40,000.00	\$40,000.00
<b>Other Reorganization Expenses</b>		

**THE FOLLOWING SECTION MUST BE COMPLETED**

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)

<b>TOTAL DISBURSEMENTS</b>	\$56,369.31
LESS: TRANSFERS TO OTHER DEBTOR IN POSSESSION ACCOUNTS	
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	
<b>TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES</b>	\$56,369.31

Case No. 16-21185-VFP  
Reporting Period: xxx-xx-1243

## CASH DISBURSEMENTS

Total Cash Disbursements	\$ 46,452.51
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Total Bank Account Disbursements	\$ 8,126.49
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Total Disbursements for the Month	\$ 54,579.00
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Nicholas V. Campanella  
Debtor

Case No. 16-21185-VFP  
Reporting Period: xxx-xx-1243

### STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.  
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.  
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
<b>Federal</b>						
Withholding	\$0.00	\$3,294.74	\$3,294.74			\$0.00
FICA-Employee	\$0.00	\$232.00	\$232.00			\$0.00
FICA-Employer	\$0.00	\$0.00	\$0.00			\$0.00
Unemployment	\$0.00	\$0.00	\$0.00			\$0.00
Income	\$0.00	\$0.00	\$0.00			\$0.00
Other:						
Total Federal Taxes	\$0.00	\$3,526.74	\$3,526.74			\$0.00
<b>State and Local</b>						
Withholding	\$0.00	\$941.54	\$941.54			\$0.00
Sales	\$0.00	\$0.00	\$0.00			\$0.00
Excise	\$0.00	\$0.00	\$0.00			\$0.00
Unemployment	\$0.00	\$0.00	\$0.00			\$0.00
Real Property	\$0.00	\$0.00	\$0.00			\$0.00
Personal Property	\$0.00	\$0.00	\$0.00			\$0.00
Other:						
Total State and Local		\$941.54	\$941.54			
<b>Total Taxes</b>	\$0.00	\$4,468.28	\$4,468.28			\$0.00

### SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Number of Days Past Due					Total
	Current	0-30	31-60	61-90	Over 90	
Accounts Payable	0					0
Wages Payable	0					0
Taxes Payable	0					0
Rent/Leases-Building	0					0
Rent/Leases-Equipment	0					0
Secured Debt/Adequate Protection Payments	0					\$0.00
Professional Fees	0					0
Amounts Due to Insiders*	0					0
Other: Condo Fees						
Other: Mortgage						
<b>Total Postpetition Debts</b>	0					\$0.00

Explain how and when the Debtor intends to pay any past-due postpetition debts.

\*"Insider" is defined in 11 U.S.C. Section 101(31).

In re Nicholas V. Campanella  
Debtor

Case No. 16-21185-VFP  
Reporting Period: October, 2016

### DEBTOR QUESTIONNAIRE

Must be completed each month. If the answer to any of the questions is "Yes", provide a detailed explanation of each item. Attach additional sheets if necessary.		Yes	No
1	Have any funds been disbursed from any account other than a debtor in possession account this reporting period?		X
2	Is the Debtor delinquent in the timely filing of any post-petition tax returns?		X
3	Are property insurance, automobile insurance, or other necessary insurance coverages expired or cancelled, or has the debtor received notice of expiration or cancellation of such policies?		X
4	Is the Debtor delinquent in paying any insurance premium payment?		X
5	Have any payments been made on pre-petition liabilities this reporting period?		X
6	Are any post petition State or Federal income taxes past due?		X
7	Are any post petition real estate taxes past due?		X
8	Are any other post petition taxes past due?		X
9	Have any pre-petition taxes been paid during this reporting period?		X
10	Are any amounts owed to post petition creditors delinquent?		X
11	Have any post petition loans been received by the Debtor from any party?		X
12	Is the Debtor delinquent in paying any U.S. Trustee fees?		X
13	Is the Debtor delinquent with any court ordered payments to attorneys or other professionals?		X



P.O. Box 15284  
Wilmington, DE 19850

NICHOLAS CAMPANELLA  
MARIE T CAMPANELLA  
384 SUNSET BLVD  
WYCKOFF, NJ 07481-2420

#### Customer service information

Customer service: 1.800.432.1000  
TDD/TTY users only: 1.800.288.4408  
En Español: 1.800.688.6086  
bankofamerica.com  
Bank of America, N.A.  
P.O. Box 25118  
Tampa, FL 33622-5118

## Your combined statement

for September 27, 2016 to October 25, 2016

Your deposit accounts	Account/plan number	Ending balance	Details on
Adv Tiered Interest Chkg	0038 1686 0198	\$0.00	Page 3
BofA Core Checking	0040 9021 1159	\$58,398.67	Page 5
Rewards Money Market Sav	0040 9020 5922	\$99,146.82	Page 7
<b>Total balance</b>		<b>\$157,545.49</b>	

## BE MORE THAN PINK

**Every action — large or small — makes an impact in the fight against breast cancer.**

**Help save a life. Make a donation today.**

#### Donate by:

**GOING TO:** [www.komen.org/donate](http://www.komen.org/donate)  
**CALLING:** 1-877 GO KOMEN (1-877-465-6636) option 4  
**SENDING A CHECK TO:** Susan G. Komen®

PO Box 96216  
Washington D.C. 20090-6126  
Please write code 328-0000 on your check



AR75CJCC 328-0001

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NICHOLAS CAMPANELLA | Account # 5 0198 | September 27, 2016 to October 25, 2016

## **IMPORTANT INFORMATION: BANK DEPOSIT ACCOUNTS**

**Updating your contact information-** We encourage you to keep your contact information up-to-date. This includes address, email and phone number. If your information has changed, the easiest way to update it is by visiting the Help & Support tab of Online Banking. Or, you can call our Customer Service team.

**Deposit agreement -** When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule which contain the current version of the terms and conditions of your account relationship may be obtained at our financial centers.

**Electronic transfers:** In case of errors or questions about your electronic transfers- If you think your statement or receipt is wrong or you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- Tell us your name and account number.
- Describe the error or transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it will take to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

**Reporting other problems -** You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or an unauthorized transaction within the time period specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree to not make a claim against us for the problems or unauthorized transactions.

**Direct deposits -** If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled. You may also review your activity online or visit a financial center for information.

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## Your checking account

Account number: 0198

## Your Adv Tiered Interest Chkg

NICHOLAS CAMPANELLA MARIE T CAMPANELLA

### Account summary

Beginning balance on September 27, 2016	\$0.00
Deposits and other additions	0.00
Withdrawals and other subtractions	-0.00
Checks	-0.00
Service fees	-0.00
<b>Ending balance on October 25, 2016</b>	<b>\$0.00</b>

Interest Paid Year To Date: \$0.43.

## Show your #troopthanks

We're helping veterans transition back to civilian life with financial education, career opportunities and support of military nonprofit organizations around the country.

Join us! Tag photos and messages with **#troopthanks**, or visit **bankofamerica.com/militarysupport**.

NICHOLAS CAMPANELLA | Account # 0198 | September 27, 2016 to October 25, 2016

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## Your checking account

Account number 1159

## Your BofA Core Checking Preferred Rewards Platinum Honors

MARIE T CAMPANELLA

### Account summary

Beginning balance on September 27, 2016	\$20,901.34
Deposits and other additions	52,076.33
Withdrawals and other subtractions	-6,452.51
Checks	-8,126.49
Service fees	-0.00

**Ending balance on October 25, 2016 \$58,398.67**

Your account has overdraft protection provided by deposit account number 0040 9020 5922.

### Deposits and other additions

Date	Description	Amount
10/04/16	BKOFAMERICA MOBILE 10/04 3483970332 DEPOSIT *MOBILE NJ	2,250.00
10/04/16	Online Banking transfer from CHK 2412 Confirmation# 3260246148	624.14
10/05/16	PILGRIM MEDICAL DES:DIRECT DEP ID:355061338892GH8 INDN:CAMPANELLA,MARIE CO ID:9111111101 PPD	5,765.86
10/05/16	PHOENIX HEALTH M DES:QUICKBOOKS ID:XXXXXXXXX INDN:CAMPANELLA, M.D., NICH CO ID:1722616653 PPD	950.25
10/17/16	BKOFAMERICA MOBILE 10/17 3487656298 DEPOSIT *MOBILE NJ	495.00
10/19/16	PILGRIM MEDICAL DES:DIRECT DEP ID:504061745964GH8 INDN:CAMPANELLA,MARIE CO ID:9111111101 PPD	5,765.86
10/19/16	BKOFAMERICA MOBILE 10/19 3488374533 DEPOSIT *MOBILE NJ	5,275.00
10/19/16	PHOENIX HEALTH M DES:QUICKBOOKS ID:XXXXXXXXX INDN:CAMPANELLA, M.D., NICH CO ID:1722616653 PPD	950.22
10/25/16	Online Banking transfer from SAV 5922 Confirmation# 3243924218	30,000.00
<b>Total deposits and other additions</b>		<b>\$52,076.33</b>

### Withdrawals and other subtractions

Date	Description	Amount
09/30/16	Online scheduled transfer to CHK 2412 Confirmation# 1079548778	-200.00
10/05/16	PSE&G Bill Payment	-431.31

continued on the next page

NICHOLAS CAMPANELLA | Account # 0198 | September 27, 2016 to October 25, 2016

### Withdrawals and other subtractions - continued

Date	Description	Amount
10/18/16	CHASE CREDIT CARDS Bill Payment	-1,500.00
10/19/16	Township of Wyckoff Bill Payment	-3,915.94
10/21/16	VERIZON COMMUNICATIONS Bill Payment	-195.26
10/25/16	Online Banking transfer to CHK 1175 Confirmation# 2440455817	-210.00
<b>Total withdrawals and other subtractions</b>		<b>-\$6,452.51</b>

### Checks

Date	Check #	Amount
09/29/16	622	-100.00
10/06/16	623	-588.80

Date	Check #	Amount
10/06/16	624	-7,437.69

<b>Total checks</b>	<b>-\$8,126.49</b>
<b>Total # of checks</b>	<b>3</b>



## Your savings account

Account number: 5922

## Your Rewards Money Market Sav Preferred Rewards Platinum Honors

MARIE T CAMPANELLA

### Account summary

Beginning balance on September 27, 2016	\$138,091.31
Deposits and other additions	31,055.51
Withdrawals and other subtractions	-70,000.00
Service fees	-0.00
<b>Ending balance on October 25, 2016</b>	<b>\$99,146.82</b>

Annual Percentage Yield Earned this statement period: 0.06%.  
Interest Paid Year To Date: \$33.73.

### Deposits and other additions

Date	Description	Amount
10/11/16	BKOFAMERICA MOBILE 10/08 3485206733 DEPOSIT *MOBILE NJ	31,050.00
10/25/16	Interest Earned	5.51
<b>Total deposits and other additions</b>		<b>\$31,055.51</b>

### Withdrawals and other subtractions

Date	Description	Amount
09/29/16	Online Banking transfer to CHK 1175 Confirmation# 3515019426	-40,000.00
10/25/16	Online Banking transfer to CHK 1159 Confirmation# 3243924218	-30,000.00
<b>Total withdrawals and other subtractions</b>		<b>-\$70,000.00</b>

NICHOLAS CAMPANELLA | Account #

0198 | September 27, 2016 to October 25, 2016

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# Payroll Details

Hours and Earnings			Taxes		Deductions		Employer	
Description	Hours	Rate	Amount	Tax	Deduction	Amount	Net Pay	Liability
Pay Frequency: Biweekly								
Department: 800 - Staff								
Employee: Campanella, Marie								
Regular	0.00		16,000.00	FED FIT		3,294.74		232.00
	0.00		16,000.00	FED		232.00		232.00
				MEDCARE				
				NJ SIT		941.54		
						4,468.28		
SSN: xxx-xx-9088								
Check Date: 10/05/2016 / Direct Deposit / Checking / Account No: XXXXXXXXX1159 \$5,765.86								
Check Date: 10/19/2016 / Direct Deposit / Checking / Account No: XXXXXXXXX1159 \$5,765.86								
Department Totals: 800 - Staff								
Regular	0.00		\$16,000.00	FED FIT		\$3,294.74		\$232.00
	0.00		\$16,000.00	FED		\$232.00		\$232.00
				MEDCARE				
				NJ SIT		\$941.54		
						\$4,468.28		
Total Employees: 800 - Staff: 1								
Pay Frequency Totals: Biweekly								
Regular	0.00		\$16,000.00	FED FIT		\$3,294.74		\$232.00
	0.00		\$16,000.00	FED		\$232.00		\$232.00
				MEDCARE				
				NJ SIT		\$941.54		
						\$4,468.28		
Total Employees: Biweekly: 1								
Company Totals								
Regular	0.00		\$16,000.00	FED FIT		\$3,294.74		\$232.00
	0.00		\$16,000.00	FED		\$232.00		\$232.00
				MEDCARE				
				NJ SIT		\$941.54		
						\$4,468.28		
Total Employees: Company: 1								
Net Pay: \$11,531.72								
FED MEDCARE-ER								

3:07 PM

**Nicholas V. Campanella or Marie Campanella**

**Profit & Loss**

06/15/17

Accrual Basis

September 27 through October 25, 2016

	Sep 27 - Oct 25, 16
Ordinary Income/Expense	
Income	
Interest Income	5.51
Other Income	39,694.14
Phoenix Medical Director - Fees	1,900.47
Salary - Pilgrim Medical Center	11,531.72
Total Income	53,131.84
Gross Profit	53,131.84
Expense	
Food, Clothing, Hygiene	
Food	1,843.67
Hygiene	277.46
Total Food, Clothing, Hygiene	1,921.13
Interest Expense	
LOC	588.80
Total Interest Expense	588.80
Meals and Entertainment	408.42
Mortgage - M&T Bank	7,437.69
Personal Gifts	310.00
Real Estate Taxes	
Wyckoff, NJ	3,915.94
Total Real Estate Taxes	3,915.94
Rental Expense	200.00
Repairs and Maintenance	353.43
Travel Expense	453.80
Utilities	626.57
Total Expense	16,215.78
Net Ordinary Income	36,916.06
Net Income	36,916.06